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CONFIRMATION NO. 4325

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APPLICANTS

HYMAN KIRTCHEK, Residence Not Provided;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OH		2	1
Verified and Acknowledged	<input type="checkbox"/> JOHN B. SOTOMAYOR/ Examiner's Signature	Initials				

ADDRESS

AFLSA/JACN-P
 1501 WILSON BLVD. SUITE 805
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TITLE

LOW REFLECTANCE INFRARED CAMOUFLAGE SYSTEM (U)

FILING FEE RECEIVED 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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